

RECORDS OFFICE

**SENTED**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commonwealth of MA.  
 Legal Dept. at the  
 Division of Insurance  
 One South Station  
 Boston, MA 02110

2. Article Number  
 (Transfer from service label)

7003 0500 0002 3278 3741

PS Form 3811, August 2001 Domestic Return Receipt 102505-02-M-1540

A. Signature  
☒ M U.S. DISTRICT COURT  
 DISTRICT OF MASSACHUSETTS

B. Received by (Print Name)  
 M

C. Date of Delivery  
 11/18/03

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**American Safety Risk E**

Postage \$ 3.95

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 8.00

Sent To Steve Crim

Street, Apt. No., or PO Box No. 1845 Exchange St.

City, State, ZIP+4 Atlanta GA 30339

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0002 3278 3758

11/18/03